



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
INSURANCE DIVISION
500 JAMES ROBERTSON PARKWAY - 4TH FLOOR
NASHVILLE, TENNESSEE 37243-1135

RATE REGULATORY LAWS

Know all men by these presents: that the _____,
an insurance company, created by and organized under the laws of the State of _____, and
thereby authorized to transact the business of insurance and desiring to transact such business in the State
of Tennessee pursuant to the laws thereof, Chapter 5, Title 56, Tennessee Code Annotated, as amended,
hereby files with the Department of Commerce and Insurance of the State of Tennessee all rates, rating
methods, policy forms, endorsements, riders and rules which it proposes to use in this State.

1. The name of the rating organization of which the company will become a member or subscriber
for the purpose of securing rates, rating methods and rules for use in the State of Tennessee.

2. If the company is not a member or subscriber of rating organizations for securing rates, rules,
rating methods, etc., to be used in Tennessee, advise if it is the intent of the company to make
its own filings independently of any rating organizations.

3. Do you understand that your company and/or its Tennessee agent shall fix only such charges
and collect only such premiums on properties in the State of Tennessee as shall be in
conformity with filings made with and approved by the Department of Commerce and Insurance.

4. If your company elects to become a member or subscriber of a rating organization in lieu of
making and filing its own rates, rating methods, forms, rules, etc., for use in Tennessee, do you
understand that any proposed deviation must be filed with and approved by the Department prior
to use in Tennessee?

5. Name of the statistical or rating organization to which the company will report its underwriting
experience.

Given and certified at the principal office of the
_____ in the city of
_____, State of _____,
and the common seal thereof hereto affixed by the
undersigned, having custody of same in his capacity as
Secretary of said Company, this ____ day of _____,
20____.

SECRETARY